



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R4/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

2

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name Richard L. "Rick" Sharp		2. Committee Telephone Number (317) 691-1300	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 1481 Stormy Ridge Ct.			
4. City Carmel	State IN	ZIP Code 46032	5. Party Affiliation or If Independent Candidate Republican
6. Office Sought (include district number, if any. Not required for exploratory committee.) Mayor of Carmel			7. County of Residence Hamilton
8. Reporting Period: From: 4-10-15 Through: 4-17-15			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification INDV	1. Eric Reedy 1675 Devonshire Ct. Seymour, IN 47274 Contributor's Occupation (if applicable) Accountant	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	1000⁰⁰	4-10-15 Rick Sharp
Classification INDV.	2. Brian & Sally Shapiro 4610 Woodhaven Dr. Zionsville, IN 46077 Contributor's Occupation (if applicable) Store owner	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	2000⁰⁰	4-10-15 Rick Sharp
Classification INDV.	3. Robert Thomas 7430 River Highlands Dr. Fishers, IN 46038 Contributor's Occupation (if applicable) Investor	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	1000⁰⁰	4-16-15 Rick Sharp

DECLARATION

TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

Date (MM-DD-YY)	
Date (MM-DD-YY)	4-17-15

ed for sale or used for any commercial purpose. (IC 3-9-4-5) A
elony. (IC 3-14-1-13) A person who fails to file a complete or accurate
Class B misdemeanor (IC 3-14-1-14), and may be subject to civil

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TAMMY BAILEY
CLERK

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COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name <i>Richard L. "Rick" Sharp</i>	2. Committee Telephone Number (<i>317</i>) <i>691-1300</i>		
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <i>1481 Stoney Ridge Ct.</i>			
4. City <i>Carmel</i>	State <i>IN</i>	ZIP Code <i>46032</i>	5. Party Affiliation or If Independent Candidate <i>Republican</i>
6. Office Sought (include district number, if any. Not required for exploratory committee.) <i>Mayor of Carmel</i>			7. County of Residence <i>Hamilton</i>
8. Reporting Period: From: <i>4-10-15</i> Through: <i>4-17-15</i>			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification <i>INDV.</i>	1. <i>Stuart Reed</i> <i>9455 Delegates Row</i> <i>Indianapolis, IN 46240</i> Contributor's Occupation (if applicable) <i>Healthcare</i>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	<i>5000.00</i>	<i>4-16-15</i> <i>Rick Sharp</i>
Classification	2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Classification	3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		

CERTIFICATION

IC		THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	
TF			Date (MM-DD-YY)
Si			Date (MM-DD-YY)
Si			<i>4-17-15</i>
Wa	sale or used for any commercial purpose. (IC 3-9-4-5) A		
per	(IC 3-14-1-13) A person who fails to file a complete or accurate		
rep	B misdemeanor (IC 3-14-1-14), and may be subject to civil		
per			

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